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Bib Data Sheet

CONFIRMATION NO. 9589

<b>SERIAL NUMBER</b> 10/501,604	<b>FILING OR 371(c) DATE</b> 10/28/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 04308057
<b>APPLICANTS</b> Betty M Rozier, Hazelwood, MO; Lisa M. Vallino, Hazelwood, MO;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/01216.01/15/2003 * which is a CIP of 10/046,800 01/15/2002 ABN and claims benefit of 60/349,828 01/16/2002 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US01/20888 06/29/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 60
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26565				
<b>TITLE</b> Site guard for intravenous sites and other sensitive areas				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	